


**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90251 029 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000000822**  
 1. Corporation Name  
**TOUCH OF GREY INC.**



Principal Place of Business      Mailing Address  
**2601 S. 26TH STREET**      **2601 S. 26TH STREET**  
**FT. PIERCE FL 34981**      **FT. PIERCE FL 34981**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
 21      26  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22      27  
 City & State      City & State  
 23      28  
 Zip      Country      Zip      Country  
 24      25      29      30

3. Date Incorporated or Qualified  
**01/02/1998**

4. FEI Number      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.       Yes       No

9. Name and Address of Current Registered Agent  
**GUDIKUNST, SHARON D**  
**2601 S. 26TH STREET**  
**FT. PIERCE FL 34981**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City      FL      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>SHARON D. GUDIKUNST</b>
STREET ADDRESS	<b>2601 S. 26TH ST.</b>
CITY-ST-ZIP	<b>FORT PIERCE FL. 34981</b>
TITLE	_____ <input type="checkbox"/> DELETE
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> DELETE
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> DELETE
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	_____
1.3 STREET ADDRESS	_____
1.4 CITY-ST-ZIP	_____
2.1 TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	_____
2.3 STREET ADDRESS	_____
2.4 CITY-ST-ZIP	_____
3.1 TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	_____
3.3 STREET ADDRESS	_____
3.4 CITY-ST-ZIP	_____
4.1 TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	_____
4.3 STREET ADDRESS	_____
4.4 CITY-ST-ZIP	_____
5.1 TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	_____
5.3 STREET ADDRESS	_____
5.4 CITY-ST-ZIP	_____
6.1 TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	_____
6.3 STREET ADDRESS	_____
6.4 CITY-ST-ZIP	_____

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon D. Gudikunst*      **SHARON D. GUDIKUNST**      Date **4/30/99**      Daytime Phone # **561-466-5713**

CR2E034 (1/198)